

# Nephropathy (Kidney Disease) Monitoring in Persons with Diabetes

According to the Centers for Disease Control and Prevention (CDC), diabetic nephropathy occurs in 20-40% of patients with diabetes and is the single leading cause of end-stage renal disease (ESRD), or kidney failure. Early detection of diabetic nephropathy may delay or prevent onset of ESRD.

High blood sugar can overwork kidneys, causing them to stop working properly. If kidney disease is diagnosed early, treatment can slow its progression. However, if diagnosed later, kidney failure (ESRD) can result, which will require dialysis or a kidney transplant. To catch kidney disease (nephropathy) early, have a urine kidney test every year.

There are currently no data sources available in Virginia for examining nephropathy (i.e., kidney functioning, such as microalbumin levels) in persons with diabetes with a sample size large enough to calculate a state-level rate.

## Healthy People 2020 Objective:

**(CKD-5)** Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs) to 60%.

## American Diabetes Association Recommendations:

- Have a urine kidney test every year.
- Microalbumin levels should be <30 mg/24 hours.
- Keep blood sugar under tight control.

## National Kidney Foundation Recommendation:

Everyone with type 1 and type 2 diabetes who is between 12 and 70 years of age should have a urine test for albuminuria at least once a year.

Sources: CDC: [Protect Your Kidneys](#); [www.cdc.gov/features/worldkidneyday](http://www.cdc.gov/features/worldkidneyday);

American Diabetes Association: [Kidney Disease \(Nephropathy\)](#); [www.diabetes.org](http://www.diabetes.org).